

Student _____ Period _____

CLINICAL DENTAL ASSISTING PERFORMANCE SKILLS CHECKLIST

Benchmark 4: DENTAL SCIENCE IV
Standard 1: EXTERNSHIP

Objective: 01.01 Complete the Student Externship Agreement

Performance Rating Scale: The student is to perform each step in the evaluation in a timely manner. If the student **skips a step, needs help or does not complete EACH step satisfactorily**, the student cannot receive credit and **MUST** repeat the **ENTIRE** procedure.

Materials Needed: Agreement and pen.

PROCEDURE STEPS	SATISFACTORY
1. Gather appropriate supplies listed above	
See Attachment:	
1. Read, sign and date the agreement.	
2. Have your instructor sign the agreement.	
3. Receive a copy of the signed agreement.	
Comments:	

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

DENTAL EXTERNSHIP STUDENT AGREEMENT

The purpose of this addendum is to eliminate any misunderstanding regarding your behavior and what is acceptable.

You are expected:

1. To arrive on the job ready to work at the designated time, and not leave until facility staff excuses you. ***Tardiness and Absences will not be acceptable.***
2. To respect the privacy of others; doctors, facility staff and co-workers by not entering areas that are restricted (you have no need to be in) or by handling private or personal documents.
3. To be courteous and respectful to the doctors, care providers, facility staff, patients and co-workers at all times.
4. To remain attentive and present throughout the entire daily work time so as not to endanger the patients.
5. To speak respectfully to doctors, care providers, facility staff, co-workers and patients at all times.
6. To not remove any supplies or property from the facility unless authorized by doctor or facility management and to not destroy facility property.
7. To complete the externship, I will document only the hours that I have actually worked.
8. To dress appropriately for the duties performed (Professional clothing under a lab coat and or scrubs.) To be well groomed and display impeccable personal hygiene (clean hair and body, professional make-up, no excessive jewelry etc.)
9. To not use, possess, distribute or be under the influence of alcohol or other controlled substances.
10. To adhere to any to any facility or Center policies that are not otherwise itemized.
11. Adhere to District Standards and requirements as they apply to Student Conduct.
12. A Dental Office may ask that a student be removed from the office for reasons other than those specified in the above agreement: based on attitude, professionalism, or other factors. These behaviors will also be considered reasons for termination.

I understand that any violation of these procedures can result in termination from my program Externship. My instructor, supervisor, counselor, and administrative Center staff will determine the duration of my termination. After two unsuccessful externship sites I understand that I will not be placed in another site. I understand that I will be evaluated by the dental office, after I complete my externship hours. The dentist will give input about job performance, skills, attitude and professionalism. This Evaluation is confidential.

ADA POLICY:

"If you are a student with a medical, psychological, or learning disability or think you might have a disability and would like accommodations, contact a counselor in Student Services. The ADA Team will determine eligibility of the student requesting special services and determine the appropriate accommodations related to their disability." I understand it may be necessary for the District to share information with about any accommodations or disabilities with an externship site. I give my permission for this disclosure. Circle one: YES NO.

Student Name: (Please Print)

Instructor Name: (Please Print)

Student Signature

Instructor Signature

Student Phone Number: _____

Date: _____

Email address: _____

Student _____ Period _____

CLINICAL DENTAL ASSISTING PERFORMANCE SKILLS CHECKLIST

Benchmark 4: DENTAL SCIENCE IV
Standard 1: EXTERNSHIP

Objective 01.03 Discuss Student Externship Evaluation with Instructor.

Performance Rating Scale: The student is to perform each step in the evaluation in a timely manner. If the student **skips a step, needs help or does not complete EACH step satisfactorily**, the student cannot receive credit and **MUST** repeat the **ENTIRE** procedure.

Materials Needed: Evaluation and pen

PROCEDURE STEPS	SATISFACTORY
1. Gather appropriate supplies listed above	
See Attachment:	
1. Read the Evaluation	
2. Have your instructor answer any questions.	
Comments:	

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Dental Assisting Externship Evaluation

Student Name _____ Date _____

Clinic _____

Address _____

City _____ State _____ ZIP _____

Evaluator _____

Evaluator's Signature _____

Evaluator Instructions:

Please rate the student on each of the indicators listed below, sign the form and return it directly to the Dental Assisting Program Coordinator. Please leave the shaded boxes for the Program Coordinator to complete. As indicated below, satisfactory students are expected to receive 90% on the evaluation. If you have any questions, please feel free to contact the Program Coordinator.

Mark the appropriate evaluation: Never = 1 Seldom = 2 Occasionally = 3 Often = 4 Always = 5

General Work Habits

Appearance and Dependability					
Clean, Well Groomed	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Dependable, Punctual	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Assumes responsibility	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Completes tasks on time	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always

TOTAL

_____/20= ____%

Communication					
Works with confidence	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Helps patients feel at ease	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Provides accurate patient instructions	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Communicates in a professional manner	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always

TOTAL

_____/20= ____%

Clinical Tasks

Expose and process diagnostic radiographs					
Process and label radiographs	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Mount Radiographs	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Follow infection control techniques during dental radiography procedures	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Identify radiation safety measures	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Demonstrate use of lead apron and thyroid collar	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Demonstrate care and maintenance of manual tanks and automatic processor	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Evaluate radiographs for clinical acceptance and exposure and processing errors	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Identify bitewing, periapical, panoramic, cephalometric, and occlusal radiographs	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always

TOTAL

_____/40= ____%

Uses proper OSHA procedures with infection control					
Don and remove gloves, mask and gown	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Process and sterilize instruments to specifications of dental clinic	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Maintain operatory and equipment asepsis	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Bag / wrap instruments	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Maintain safe practice	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Place barriers	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Process and sterilize instruments to specifications of OSHA and ADA	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always

____/35= ____ %

TOTAL

Clinical Application					
Identify dental instruments and maintain equipment	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Seat and dismiss patient	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Prepare tray for dental procedures	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Demonstrate coronal polish	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Assist at the chair	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Demonstrate proper loading and unloading of anesthetic syringe	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Provide fluoride procedure assistance	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Place sealants	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Maintain operative field	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Demonstrates preparation of dental liners and cements	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Give oral hygiene instructions	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Demonstrate preparation, manipulation, and construction of acrylic custom tray	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Demonstrate principals of four handed dentistry	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Record clinical data	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Obtain vital signs	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Chart clinical conditions of patients	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always

____/80= ____ %

TOTAL

Basic Office Skills

Demonstrate proper telephone usage	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Maintain appointment books	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Pull patient files	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Confirm dental appointments	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Establish financial arrangements with patients	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Maintain accounts payable and accounts receivable	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Operate common dental software	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Always

____/35= ____ %

TOTAL

GRAND TOTAL

____/240= ____ %